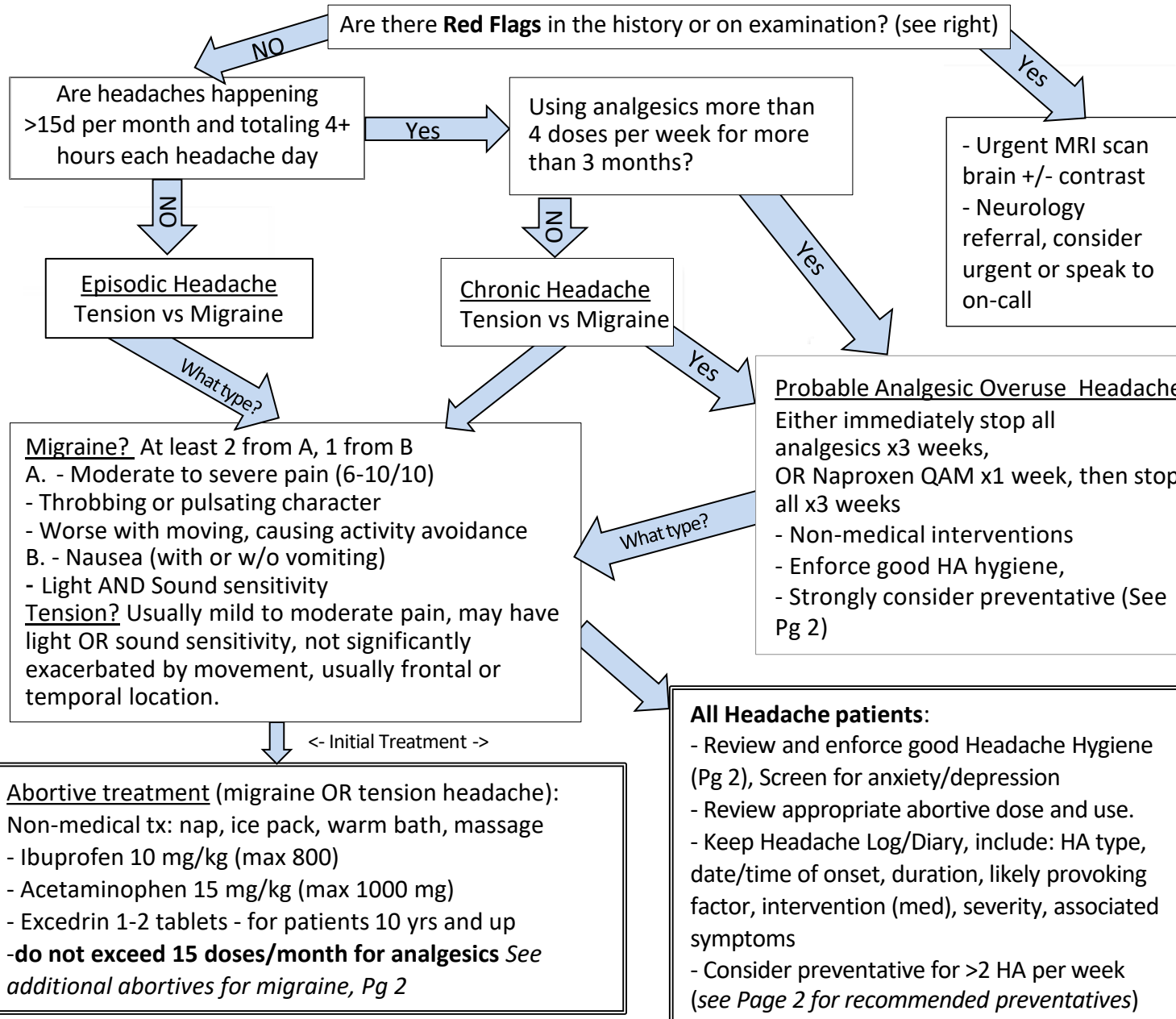


# Headache Assessment and Management

- Initial Eval: Pg 1; Follow Up: Pg 2



## Definite Red Flags

(imaging is indicated)

- Any new or unexplained neurological exam abnormality
- may include persistent vertigo, diplopia, confusion, weakness, numbness, ataxia, optic nerve swelling, head tilt.
- Neurocutaneous Disorder, such as NF or Tuberous Scl.
- Immunosuppression
- Waking in night with a NEW headache MORE than HALF the time a headache occurs.
- Persistent posterior location without neck/shoulder muscle tenderness.
- Morning vomiting

## Relative Red Flags

(consider imaging)

- Recurrent HA age 4 years or under
- VP shunt and new headaches
- Waking from sleep with NEW headache <50% of time
- Atypical presentation, such as confusion, ataxia, somnolence, diplopia

**Review and apply recommendations on Pg 1,**  
Revisit in 4-8 weeks.  
Review following:  
- Headache log, triggers,  
med use, hygiene, red flags

**Other Migraine Abortives:**

If Pg 1 analgesics are not effective to improve migraine pain 50% or more:

**<10 yrs of age:**

- Maxalt 5 mg

**>10 yrs of age:**

- Sumatriptan 25-50 mg tab  
or 5-20 mg nasal spray

- Maxalt 5-10 mg

- Use triptans no more than 9x per month

- May combine triptan with Naproxen or Ibuprofen

**Additional Symptomatic Tx:**

- For nausea:

-Zofran

-8-15 kg: 2 mg

-15-30 kg: 4 mg

->30 kg: 4-8 mg

-Reglan \*\*\*\*

- <6 yrs: 0.1 mg/kg

- 6-14yrs: 2.5-5 mg

- 14+ yrs: 10 mg

More than 1-2  
headaches per week  
*despite* good Headache  
Hygiene?

Yes

No

Continue routine care:

- Enforce HA hygiene
- Appropriate abortive med use/dose
- HA trigger identification, avoidance

**Additional Resources**

- AAN Guideline on HA in Children and Adolescents:

<https://n.neurology.org/content/59/4/490>

- Headache Podcasts:

<https://www.rchsd.org/programs-services/neurology/resources/>

- *The Optimal Management of Headaches in Children and Adolescents.* Kacperski et al:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4710107/>

- National Headache Foundation Headache Tools:

<https://headaches.org/resources/#headache-tools>

**Review abortive med use**  
**Strongly consider Preventatives**

- Use 1-2 months minimum to determine efficacy.
- Choose based on HA type and side-effect profile.

**Tension Headache Preventatives:**

- Magnesium\* Supplementation
- Amitriptyline\*\* 10 mg QHS
- May increase to 50 mg QHS as tolerated in children 10 or less, to 75-100 mg daily in adolescents
- Can help sleep onset/maintenance

**Migraine Preventatives:** Either of the above OR

- Riboflavin 100 mg BID for kids under 10y, 200 mg BID over 10
- Topiramate 25-75 mg BID
- May reduce appetite
- Periactin\*\*\* 1-4 mg BID
- May increase appetite

F/U 1-3 months,  
reassess

If improved, continue preventative for 3-4 months and then wean. Restart preventative if needed. Continue to enforce HA hygiene. If not improved, try alternate medical and non-medical therapy x 1-3 months. If no improvement, routine Neurology referral.

**Headache Hygiene**

*All patients need counseling on these:*

**Sleep** - Regular, sufficient

**Meals** - Do not skip  
**Hydration** - Drink enough so you need to urinate 2-3x /day at school

**Caffeine** - Avoid regular use, or after 4 pm

**Exercise** - Regular exercise helps prevent headaches

**Stress** - Most common headache trigger

**Posture** - Looking down, neck/shoulder soreness can trigger headaches

**Heat** - May trigger HA

**Sunlight** - Use hat/sunglasses when necessary

**Foods** - Occasionally, specific foods may trigger headaches:  
**MSG, nitrates, artificial colors, cheese**

\*Amitriptyline contraindicated in long-QT syndrome

\*\*Magnesium may cause diarrhea, GI discomfort

\*\*\*Periactin best for younger kids (under 8-9)

\*\*\*\*Be aware poss dystonic reaction, treat w/ Benadryl

Jan. 2022